

2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey via the Centers for Medicare & Medicaid Services (CMS) Approved Survey Vendor Reporting

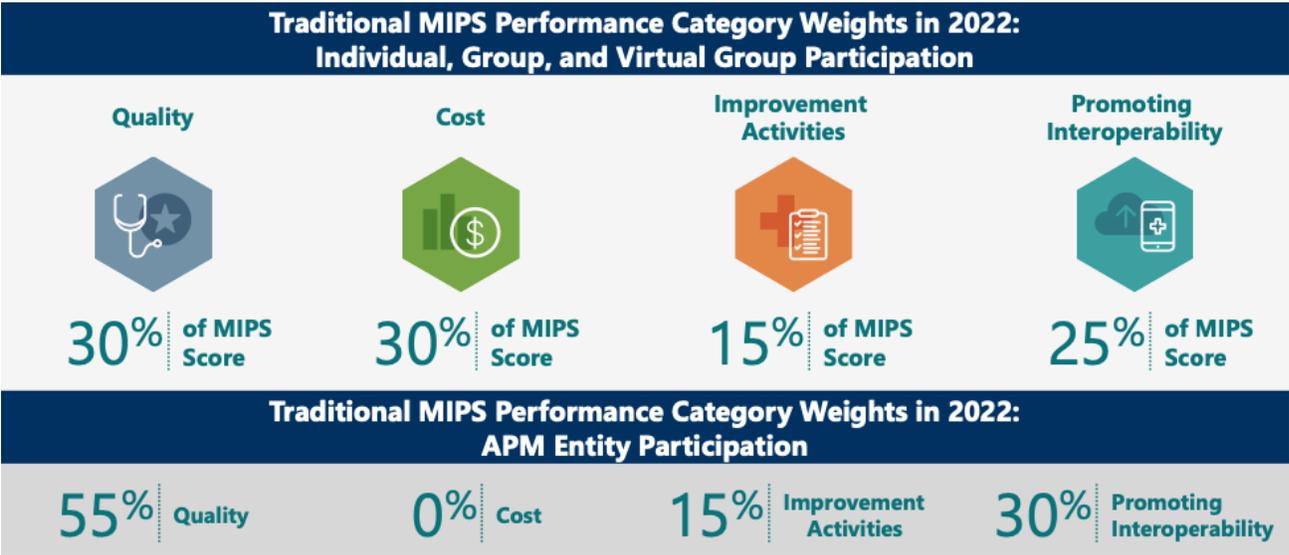
The Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program (QPP), which provides 2 participation tracks for clinicians:



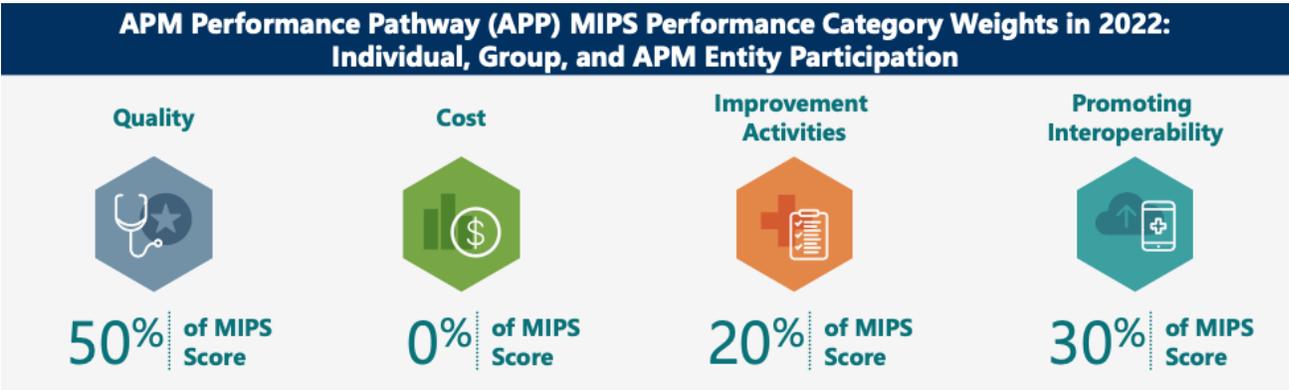
If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you participate in an Advanced APM and achieve QP status, you may be eligible for a 5% incentive payment, and you will be excluded from MIPS.

Under MIPS, there are 4 performance categories that affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that's part of the MIPS Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians, groups, virtual groups, and Alternative Payment Model (APM) Entities is based on the Final Score. These are the performance category weights for the 2022 performance period:



Since the 2021 performance period, Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) have been required to report via the APM Performance Pathway (APP) and administer the CAHPS for MIPS Survey. The final policies can be found in the [CY 2022 Medicare Physician Fee Schedule Final Rule \(PDF\)](#) and in the [2022 Quality Payment Program Final Rule Resources \(ZIP\)](#).



Focusing on the CAHPS for MIPS Survey

Eligible clinicians may participate in MIPS as individuals or as part of a group, virtual group, or APM Entity. The CMS-approved survey vendor reporting mechanism is available to all MIPS groups, virtual groups and APM Entities in MIPS APMs to supplement their quality reporting with the CAHPS for MIPS Survey.

The CAHPS for MIPS Survey measures patients' experience and care within a group, virtual group, and APM Entity, including Shared Savings Program ACOs. The data collected on these surveys will be submitted on behalf of the entity by the CMS-approved survey vendor.

The CAHPS for MIPS Survey is optional for groups or virtual groups with 2 or more eligible clinicians. The CAHPS for MIPS Survey isn't an option for individual clinicians.

If your group registers for the CAHPS for MIPS Survey as one of the quality measures to report, your group:

- Must select and authorize a CMS-conditionally approved / approved survey vendor (from a list published by CMS) to collect and report your survey data to CMS.
- Is responsible for your vendor's costs to collect and report the survey.
- Is responsible for monitoring your vendor's performance during survey administration.
- Will receive your CAHPS for MIPS Survey scores from CMS.
- Will have your CAHPS for MIPS Survey scores made available for public reporting on Care Compare.

Note: The CAHPS for MIPS Survey may not be appropriate for groups that don't provide primary care services (for example, a group of surgeons).

What is the CAHPS for MIPS Survey?

The CAHPS for MIPS Survey measures patients' experience and care within a group. The 2022 survey contains 10 summary survey measures to assess the following:

1. Getting Timely Care, Appointments, and Information
2. How Well Providers Communicate
3. Patient's Rating of Provider
4. Access to Specialists
5. Health Promotion and Education
6. Shared Decision Making
7. Courteous and Helpful Office Staff
8. Care Coordination
9. Stewardship of Patient Resources
10. Health Status and Functional Status

Reporting Criteria for 2022

The CAHPS for MIPS Survey is optional for all groups, virtual groups, and APM Entities of 2 or more eligible clinicians reporting via traditional MIPS, but MIPS provides several incentives for groups to participate.

- The CAHPS for MIPS Survey counts as one measure toward the MIPS quality performance category, as a patients' experience measure, and fulfills the requirement to report at least one high priority measure in the absence of an applicable outcome measure. Groups must report at least 5 additional quality measures using another data submission method. The CAHPS for MIPS Survey is also included in the improvement activities performance category as a high-weighted activity.
- The CAHPS for MIPS Survey is required for groups and APM Entities reporting via the APP. Shared Savings Program ACOs don't have to register to administer the CAHPS for MIPS Survey. They're automatically registered.
- In order for groups, virtual groups, or APM Entities to elect participation in the 2022 CAHPS for MIPS Survey, they must register between **April 1 - June 30, 2022**. Registration must be completed online through the [MIPS Registration System](#). During registration, groups, virtual groups, or APM Entities, including Shared Savings Program ACOs must indicate if they're selecting the CMS Web Interface reporting mechanism as well as electing to administer the CAHPS for MIPS Survey. Groups, virtual groups, and APM Entities, including Shared Savings Program ACOs that register for the CAHPS for MIPS Survey will be notified, no later than fall 2022, whether they're eligible to participate in the survey, based on their sample size.
- **Groups, virtual groups, and APM Entities, including Shared Savings Program ACOs that don't meet the minimum sample sizes can't administer the CAHPS for MIPS Survey.** For additional information on registration and requirements, please refer to the [Quality Payment Program Resource Library](#).

Vendor Selection and Survey Administration

What is a CMS-Approved Survey Vendor?

- CMS will approve survey vendors during an application process. Vendors whose applications are approved and who successfully complete training and submit a Quality Assurance Plan will be designated a CMS-approved survey vendor. Groups, virtual groups, APM Entities, including Shared Savings Program ACOs, will contract with a CMS-approved survey vendor to administer the CAHPS for MIPS Survey, using the sample, survey, and specifications provided by CMS. The CAHPS for MIPS Survey was developed to collect information about patients' experience and care within a group, virtual group, APM Entity, including Shared Savings Program ACOs. The survey measures patients' experience with, and ratings of, health care providers. For the 2022 performance period, the CAHPS for MIPS Survey will be administered to patients from October 2022 through January 2023. Data collected will be submitted on behalf of the group, virtual group, APM Entity, including Shared Savings Program ACOs by their CMS-approved survey vendor.

- CMS will approve survey vendors that demonstrate the facilities, project experience, and staff expertise required to conduct the CAHPS for MIPS Survey. Groups, virtual groups, and APM Entities, including Shared Savings Program ACOs, that wish to administer the CAHPS for MIPS Survey are required to select and contract with a CMS-approved survey vendor to conduct the survey. Groups, virtual groups, APM Entities, including Medicare Shared Savings Program ACOs are responsible for the costs associated with the survey administration. A list of CMS-approved survey vendors will be made publicly available.

Administering the CAHPS for MIPS Survey

The survey will be administered through a mixed-mode (mail survey administration followed by Computer-Assisted Telephone Interview [CATI] administration with non-respondents) data collection protocol that includes:

- CMS pre-notification letter
- Up to 2 survey mailings
- Up to 6 follow-up attempts to complete the survey by phone with patients who don't return a survey by mail

Frequently Asked Questions

Q: When will the CAHPS for MIPS Survey be conducted?

A: The survey is implemented on an annual basis. The 2022 survey will be conducted from October 2022 through January 2023.

Q: Who pays to administer the CAHPS for MIPS Survey?

A: Groups, virtual groups, and APM Entities, including Shared Savings Program ACOs, are responsible for the costs associated with the survey administration and must contract with a CMS-approved survey vendor to conduct the survey. A list of approved vendors will be posted on the [Quality Payment Program Resource Library](#).

Q: Who identifies which patients are eligible to participate in the survey?

A: CMS will identify patients eligible for the survey from the pool of Medicare fee-for-service (FFS) patients assigned to the groups, virtual groups, Shared Savings Program ACOs, and other APM Entities.

Q: How will CMS select a sample of patients seen by a group, virtual group, APM Entity, including Shared Savings Program ACOs? Which patients will be sampled?

A: CMS assigns Medicare Fee-For-Service patients to a group, virtual group, APM Entity, or Shared Savings Program ACO and then randomly samples from those assigned patients to create the sample for the CAHPS for MIPS Survey. The sample will be limited to patients aged 18 or older, who are not known to be institutionalized or deceased, and who had at least 2 visits for primary care services to the group, virtual group, APM Entity, or Shared Savings Program ACO. The sample is drawn at the group, virtual group, APM Entity, or Shared Savings Program ACO level, not at the individual clinician level. The survey names a specific clinician who delivered primary care to the patient over one or more visits in the performance period to help orient the patient to the care he or she received. The named provider can be a primary care physician, specialist, nurse practitioner, physician assistant, or clinical nurse specialist.

The number of patients sampled may vary based on the size of the group, virtual group, APM Entity, or Shared Savings Program ACO. CMS anticipates sampling 860 patients per year per group, virtual group, or other APM Entity, including Medicare Shared Savings Program ACOs. The minimum number of patients required to conduct the CAHPS for MIPS Survey is displayed in the table below.

Number of Eligible Clinicians	Minimum number of patients required to conduct the CAHPS for MIPS Survey
100 or More	416
25 – 99	255
2 - 24	125

Note: Groups, virtual groups, APM Entities, including Shared Savings Program ACOs that don't meet the minimum sample sizes noted above can't administer the CAHPS for MIPS Survey.

Q: Is my Shared Savings Program ACO required to participate in the CAHPS for MIPS Survey regardless of the number of patients assigned to my ACO?

A: Yes, Shared Savings Program ACOs are required to report the CAHPS for MIPS survey and are subject to the same minimum sample size requirements as groups, virtual groups, and other APM Entities, for purposes of conducting the CAHPS for MIPS Survey. Shared Savings Program ACOs that don't have the minimum number of patients can't conduct the survey. In the event they can't conduct the survey the number of measures included in the calculation of the ACO's quality performance scores will be reduced from 10 to 9 measures or from 6 to 5 measures in the APP.

While this is infrequent, it is possible that a Shared Savings Program ACOs will receive instructions on completing the vendor authorization process, but later receives confirmation from CMS that they do not meet the minimum sample size requirements to conduct the survey.

Q: Can our group, virtual group, APM Entity, or Shared Savings Program ACO supplement the sample CMS selects to generate clinician-level results?

A: No. The current sample design doesn't allow requests for an additional sample or to supplement the sample.

Q: If my group is part of an Alternative Payment Model (APM) or MIPS APM do we have to administer the CAHPS for MIPS Survey?

A: The CAHPS for MIPS Survey is required for groups and APM Entities, including Shared Savings Program ACOs reporting via the APP. If your group is part of a Shared Savings Program ACO, the ACO will administer the survey on your behalf.